

Please type a plus sign (+) in this box

PTO/SB/05 (03-01)

Approved through 10/31/2002. JMB 0051-0052

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		
2. <input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
3. <input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below)	[Total Pages	23
	<ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	[Total Sheets	9
5. Oath or Declaration		[Total Pages	
a. <input type="checkbox"/>	Newly executed (original or copy)		
b. <input type="checkbox"/>	Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)		
1. <input type="checkbox"/>	<u>DELETION OF INVENTOR(S)</u>		
	Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		
6 <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76		

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- Computer Readable Form (CRF)
- Specification Sequence Listing on:
  - CD-ROM or CD-R (2 copies), or
  - paper
- Statements verifying identity of above copies

#### ACCOMPANYING APPLICATIONS PARTS

8.  Assignment Papers (cover sheet & document(s))

10.  37 C.F.R. § 3.73(b) Statutorily  Power of  
(when there is an assignee) Attorney

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO-  
1449  Copies of IDS  
Chattens

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15.  Certified Copy of Priority Document(s)  
(If foreign priority is claimed)

16.  Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.

17.  Other:

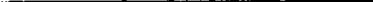
18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.75.

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ /  
Prior application information: Examiner: Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> Insert Customer <b>100-10052</b> (or label here)	<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below			
Name	Stephen M. Beney Boreckin & Parr				
Address	40 King Street West Suite 4000				
City	Toronto	State	Ontario	Zip Code	M5H 3Y2
	Telephone	(416) 361-7311		Fax	(416) 361-1368

Name (Print/Type)	Stephen M. Beney	Registration No. (Attorney/Agent)	41,563
Signature			Date
			January 22, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

13978-10/051305 PRO 01/22/02